

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee I360		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2014	
Mailing Address PO BOX 37046		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">581524.00</div>	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.187
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2014
Name of Federal Candidate GREGORY JOHN ORMAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 0 5px;">2258986.11</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee I360		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2014	
Mailing Address PO BOX 37046		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60000.00</div>	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.188
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2014
Name of Federal Candidate GREGORY JOHN ORMAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 0 5px;">2258986.11</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">641524.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 22 / 2014

Signature